

<i>SERFF Tracking Number:</i>	<i>NTAC-125627491</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NAIC-IL-AR-2008-02-F</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Interline</i>		
<i>Project Name/Number:</i>	<i>SIR-3/NAIC-IL-AR-2008-02-F</i>		

## Filing at a Glance

Company: National American Insurance Company

Product Name: Commercial Interline

SERFF Tr Num: NTAC-125627491 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: NAIC-IL-AR-2008-02-F

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Author: Jennifer Carr

Disposition Date: 05/05/2008

Date Submitted: 04/29/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 05/05/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

05/05/2008

State Filing Description:

## General Information

Project Name: SIR-3

Status of Filing in Domicile: Pending

Project Number: NAIC-IL-AR-2008-02-F

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 05/05/2008

State Status Changed: 05/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National American Insurance Company files for approval to use the enclosed new Self-Insured Retention endorsement applicable to the commercial auto, commercial general liability, and commercial property lines of insurance.

The Company respectfully requests that the proposed form be implemented for all policies effective on or after the earliest effective date upon acknowledgment or approval.

SERFF Tracking Number:	NTAC-125627491	State:	Arkansas
Filing Company:	National American Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	NAIC-IL-AR-2008-02-F		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Commercial Interline		
Project Name/Number:	SIR-3/NAIC-IL-AR-2008-02-F		

## Company and Contact

### Filing Contact Information

Jennifer Carr, Rate and Form Analyst	jcarr@naico.com
1010 Manvel Avenue	(800) 822-7802 [Phone]
Chandler, OK 74834	(405) 258-4520[FAX]

### Filing Company Information

National American Insurance Company	CoCode: 23663	State of Domicile: Oklahoma
1010 Manvel Avenue	Group Code:	Company Type: Property & Casualty
Chandler, OK 74834	Group Name: None	State ID Number:
(800) 822-7802 ext. 4486[Phone]	FEIN Number: 47-0247300	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 PER FILING
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National American Insurance Company	\$50.00	04/29/2008	19978605

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	05/05/2008	05/05/2008

<i>SERFF Tracking Number:</i>	<i>NTAC-125627491</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>SIR-3/NAIC-IL-AR-2008-02-F</i>		

## Disposition

Disposition Date: 05/05/2008

Effective Date (New): 05/05/2008

Effective Date (Renewal): 05/05/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NTAC-125627491	State:	Arkansas
Filing Company:	National American Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	NAIC-IL-AR-2008-02-F		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Commercial Interline		
Project Name/Number:	SIR-3/NAIC-IL-AR-2008-02-F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Self-Insured Retention (SIR) Endorsement	Approved	Yes

SERFF Tracking Number:	NTAC-125627491	State:	Arkansas
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Company Tracking Number:	NAIC-IL-AR-2008-02-F		
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Self-Insured Retention (SIR) Endorsement	SIR-3	3/2008	Endorsement New nt/Amendment/Conditions		0.00	SIR-3 _3-08_.pdf

# NATIONAL AMERICAN INSURANCE COMPANY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SELF-INSURED RETENTION (SIR) ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
BUILDING AND PERSONAL PROPERTY COVERAGE FORM

1. "We" agree with "you" that "your" "self-retained limit" is any one "occurrence".
2. "We" also agree with "you" that:
  - a. "You" will pay or absorb all damages, costs, and expenses up to "your" "self-retained limit" to which this insurance applies with respect to any one "occurrence".
  - b. "You" will pay those damages, costs, and expenses for any "insured" against whom a claim is made or "suit" is brought.
  - c. Regardless of the number of covered "autos", "insureds", premiums paid, claims made, "suits" brought, vehicles or coverages involved in the "occurrence", the most "you" will pay is "your" self-retained limit".
  - d. "You" have the right and duty to defend any "suit". "You" will investigate and settle any claim or "suit" as "you" consider appropriate. Once "your" "self-retained limit" has been satisfied, "your" duty to solely defend or settle ends.
  - e. "You" will also pay all expenses to adjust a claim or settle a "suit" within "your" "self-retained limit".
  - f. If a claim or "suit" is brought for damages, "we" have the right to require "you" to continue proceedings to final judgment, even if the damages will not exceed "your" "self-retained limit".
  - g. "You" must obtain "our" written consent and approval for settlements of damages or claims which will exceed "your" "self-retained limit".
  - h. "We" reserve the right to investigate any claim independently at "our" own expense. "We" also have the right, at "our" expense, to associate separate legal counsel on the defense of any claim or "suit" that is likely to involve "us".
  - i. Whenever "you" have information from which "you" may reasonably conclude that an "occurrence" or series of related "occurrences" involves damages or claims which are likely to exceed "your" "self-retained limit", "you" will notify "us" as required by the policy conditions.

"You" will also notify "us" if the "occurrence" or claim involves:

- (1) Death;
  - (2) Dismemberment;
  - (3) Brain or spinal cord injury;
  - (4) Temporary or permanent paralysis;
  - (5) Blindness;
  - (6) Severe burns;
  - (7) Severe wounds;
  - (8) Severe head injuries;
  - (9) Severe bone fractures;
  - (10) Any serious injury to a minor;
  - (11) Any other claim which might reasonably have a settlement value or verdict value equal to or greater than one half of "your" "self-retained limit";
  - (12) Claims in which the demands are in excess of the insured's "self-retained limit";
  - (13) "Suits" in which the prayers for damages, including any amendments thereof, are in excess of "your" "self-retained limit"; and
  - (14) "Suits" filed in federal court, whether or not proper service has been effected.
- j. This endorsement supersedes and replaces anything in the policy to which it is attached with respect to duty to defend, supplementary payments, and payment of expenses and costs, except as specifically stated in this endorsement. "We" and "you" agree that it is "your" intention to remain self-insured for all claims, and expenses within the "self-retained limit".

k. For any paid sums recovered from other parties:

- (1) The recovery shall first be reduced by the expenses incurred with it. That reduction will be treated as a claims expense;
- (2) The amount of recovery will then be applied against amounts "we" paid until offset occurs;
- (3) "You" shall be paid the remainder.

3. ADDITIONAL DEFINITIONS

The following definitions apply to this endorsement:

- a. "Self-retained limit" means the sums for damages, costs, expenses for any nature whatsoever associated with any claim or "suit", which "you" agree to pay or absorb. The "self-retained limit" is subject to an annual aggregate of \_\_\_\_\_.
- b. "Occurrence" includes "accident" and "Loss".

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

ATTACHED TO AND FORMING PART OF POLICY NUMBER:

INSURED:

EFFECTIVE DATE:

DATE ISSUED:



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## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NTAC-125627491</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	05/05/2008
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### Comments:

### Attachment:

P&C Transmittal-Interline Filing-SIR.pdf

<b>Satisfied -Name:</b>	Filing Memorandum	<b>Review Status:</b>	Approved	05/05/2008
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### Comments:

### Attachment:

Filing Memorandum - SIR-3.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## **NATIONAL AMERICAN INSURANCE COMPANY**

### ***FILING MEMORANDUM - FORMS***

National American Insurance Company files for approval to use the attached new Self-Insured Retention endorsement applicable to the commercial general liability, commercial auto, and commercial property lines of insurance. This endorsement has no bearing on the premium charged to policyholders. No other changes are being proposed with this filing.